

Indexing Instructions: Lot 3, Section A, Cottonwood Subdivision

JAN 29 4 57 PM '04

WARRANTY DEED464 PG 73
CH. CLK.

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash and other good and valuable considerations, the receipt and sufficiency of all of which are hereby acknowledged, the undersigned, **MAIDA P. CLIFTON, a single person**, does hereby Grant, Bargain, Sell, Convey and Warrant unto **MICHAEL A. MORRIS and wife, ROYE ANN MORRIS**, as tenants by the entirety with full rights of survivorship and not as tenants in common, the following land and property located and situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 3, Section A, Cottonwood Subdivision, in Section 35, Township 1 South, Range 7 West, DeSoto County, Mississippi, as recorded in Plat Book 47, Pages 2 and 3, in the office of the Chancery Clerk of DeSoto County, Mississippi.

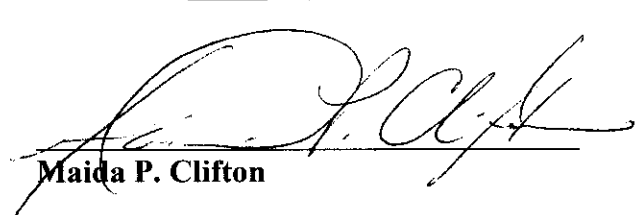
This is the same property and land conveyed to Thomas R. Clifton, Jr. and wife, Maida P. Clifton by Warranty Deed dated recorded in Book 366, Page 778, in the Office of the Chancery Clerk of DeSoto County, Mississippi. The said Thomas R. Clifton, Jr. died on September 4, 2003, as evidenced by Certificate of Death attached hereto.

The conveyance is subject to those building restrictions and protective covenants recorded in Plat Book 47, Pages 2-3, on file in the office of the Chancery Clerk of DeSoto County, Mississippi, and which are incorporated herein by this reference.

The above described property is subject to the zoning regulations of DeSoto County, Mississippi, and air, water, pollution, and flood control regulations imposed by any governmental authority having jurisdiction over same.

IT IS AGREED AND UNDERSTOOD that the taxes for the current year have been prorated as of this date on an estimated basis, and the Grantee will be responsible for paying the property taxes due January 1, 2005.

WITNESS THE SIGNATURE OF THE GRANTOR/S, this the 28th day of January, 2004.


Maida P. Clifton

STATE OF MISSISSIPPI

COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for said County and State, the within named **Maida P. Clifton**, who acknowledged that she signed, sealed and delivered the above and foregoing Warranty Deed on the day and year therein written as her true act and deed.

GIVEN UNDER MY HAND AND SEAL, this the 28th day of January, 2004.

NOTARY PUBLIC

MY COMMISSION EXPIRES: MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES JUNE 17, 2008
BONDED THRU STEGALL NOTARY SERVICE



Prepared By and
After Recording, Return To:
Stroud & Harper, P.C.
Post Office Box 210
Southaven, MS 38671
(662) 536-5656

Grantors Mailing Address: 2047 Clifton Road, Hernando, MS 38632

(901)
Grantors Telephone Numbers: Home: 481-1721 Work: n/a

Grantees Mailing Address: 6175 Fairlawn Cove, Olive Branch, MS 38654

Grantees Telephone Numbers: Home: 893-2047 Work: 359-8077

STATE OF MISSISSIPPI

BK0464P60073

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDSTYPE OR PRINT
IN BLACK INKFILING
DATE

SEP 19 2003

CERTIFICATE OF DEATH
STATE OF MISSISSIPPISTATE FILE
NUMBER

123-03-018703

DECEASED	1. NAME First Middle Last JR THOMAS RICHARD CLIFTON			2. SEX MALE	3a. HOUR OF DEATH 02:30A m.	3b. DATE OF DEATH (Month, Day, Year) SEPTEMBER 4, 2003
	4. RACE (Specify White, Black, American Indian, etc.) White	5a. AGE AT LAST BIRTHDAY 41 Years	5b. MOS 5c. DAYS 5d. HOURS 5e. MINS 11-24-1961		6. DATE OF BIRTH (Month, Day, Year) 11-24-1961	
	7b. CITY OR TOWN OF DEATH SOUTHAVEN	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) BAPTIST HOSPITAL-DESOTO 17B			7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA INPT	7a. COUNTY OF DEATH DESOTO
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) 12	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Maida Pearson		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No	
RESIDENCE items, or actual location some rather than mailing address	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American	14. SOCIAL SECURITY NUMBER 587-84-4713		15a. USUAL OCCUPATION (Kind of work done most of working life) Business Founder		15b. KIND OF BUSINESS OR INDUSTRY Duneliff Audie
	16a. RESIDENCE-STATE Miss.	16b. COUNTY Desoto	16c. CITY OR TOWN Hernando	16d. INSIDE CITY LIMITS (Specify Yes or No) No	16e. STREET AND NUMBER OR RURAL LOCATION 2047 Clifton Rd.	
	17. FATHER-NAME First Middle Last Thomas Richard Clifton Sr.			18. MOTHER-NAME First Middle Maiden Jane Grinter		
	19a. INFORMANT-NAME (Type or print) Thomas R. Clifton Sr.			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2047 Clifton Rd. Hernando, Miss. 38632		
POSITION	20a. BURIAL, CREMATION, REMOVAL (Specify) Burial	20b. CEMETERY, CREMATORIUM Hernando Memorial		20c. LOCATION (City and State) Hernando, Miss.		21a. EMBALMER-SIGNATURE AND NUMBER Chris Wells FS 743
	21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER Brantley-Phillips 17B		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2470 Hwy. 51 South Hernando, Miss. 38632			
	22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) JAMES LEWIS, MD			22b. PRONOUNCED DEAD (Month, Day, Year) SEPTEMBER 4, 2003		22c. PRONOUNCED DEAD (Hour) 02:30A m.
	23a. CERTIFIER-NAME (Type or print) BENTON WHEELER, MD			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 55 PHYSICIAN LANE # 2, SOUTHAVEN, MS 38671		
MISSISSIPPI State Department of Health Form No. 511 Revised 1-1-89	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. Lung Cancer		24b. DATE SIGNED (Month, Day, Year) 9/12/03		24c. STATE LICENSE NUMBER 13608	
	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE		24f. TITLE	
	24g. DATE SIGNED (Month, Day, Year)					
	25. PART I. IMMEDIATE CAUSE (Enter one cause only). (a) Lung Cancer (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death 2 days		Interval between onset and death	
Had Decedent been Pregnant within 90 Days prior to Death? Yes <input type="checkbox"/> No <input type="checkbox"/>	26. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I			27. AUTOPSY (Yes or No) No	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) No	
	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY m.	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		
	29e. INJURY AT WORK (Yes or No)	29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	29g. LOCATION	Street or route number City or town State		

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

SEP 19 2003

Judy Moulder
STATE REGISTRAR

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.